

Fee: \$10.00

(10/2002)

KENTUCKY ATHLETIC COMMISSION

WRESTLING OR BOXING
Manager
Application

I hereby make application for a license as a:

_____ **Boxing Manager**

_____ **Wrestling Manager**

In accordance with Kentucky law, applicants for boxing or wrestling manager must be licensed annually by the Kentucky Athletic Commission. The license fee is \$10 and must be in the form of a check or money order, made payable to the ***Kentucky State Treasurer***. **No cash payments are accepted.**

(Please Print in Ink) **This form must be completed entirely.**

DATE: _____, 20____

Name _____ **Social Security #** ____ - ____ - ____

Address _____ **City** _____ **State** _____ **ZIP** _____

Telephone Number(s): Home () _____ Work () _____ Cell Phone () _____

Pager/Beeper () _____ **Fax ()** _____ **E-Mail Address** _____

Date of Birth: _____ **Height:** ____ ft. ____ in. **Weight:** _____ lbs.

Occupation: _____ **Employer:** _____

City _____ **State** _____ **Zip** _____

PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION.
INCOMPLETE FORMS ARE SUBJECT TO REJECTION AND WILL CAUSE A DELAY IN
ISSUANCE OF THE LICENSE.

(OVER)

Describe your experiences that would support granting you a license as a boxing or wrestling manager. (Continue on a separate sheet if needed):

Have you ever held a license to be a boxing or wrestling manager in Kentucky?

Yes ____ No ____ License # _____

Have you ever been licensed to be a boxing or wrestling manager in another state(s)?

Yes ____ No ____ License # _____

If yes, in what state(s) _____

Have you ever been convicted of a felony? Yes ____ No ____ If yes, please provide details.

Date ____ Offense _____ Court _____ Disposition _____

A TRUE STATEMENT MADE UNDER PENALTY OF LAW.

Signature of Applicant

Date

Release: Manager, by affixing his signature herein, hereby releases & discharges the promoter, the officials, the physician, and the KY Athletic Commission of and from any and all claims that he may have by reason of any injury or damage that he may sustain in, or in connection with, said contest not due to failure of promoter to provide a proper place, ring, or other equipment for the same in accordance with the rules and regulations of the KY Athletic Commission. Further, contestant affirms that the answers in the "past history" section of this document are true. Contestant also certifies that, at present time, he is not under suspension by any of the jurisdiction.

MANAGERS SIGNATURE

PLEASE MAIL COMPLETED APPLICATION TO:

KENTUCKY ATHLETIC COMMISSION
Public Protection and Regulation Cabinet

100 Airport Road, Suite 300
Frankfort, Kentucky 40601
502/564-7760

